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STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Salem Special

2. DATE 9/30/17

3. FREQUENCY OF ISSUE Weekly

3A. NO. OF ISSUES PUBLISHED ANNUALLY 52

3B. ANNUAL SUBSCRIPTION PRICE $38.50/39.44/43.00

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
PO Box 220, Salem, McCook, SD 57058-0220

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
PO Box 220, Salem, McCook, SD 57058-0220

6. FULL NAME OF PUBLISHER: Troy Schwans

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Schwans Publications, Inc	PO Box 220 Salem, SD 57058

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1450	1450
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	75	75
2. Mail Subscription (Paid and or requested)	839	829
3. Paid Electronic Copies	0	0
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	914	904
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	91	88
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1005	992
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	445	458
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1450	1450

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Troy Schwans
(Signature)

President
(Title)

State of South Dakota)
§
County of McCook)

Sworn to before me this 6 day of October, 2017

Jill R Letcher
Notary Public

My commission expires: 12/17/20

(Seal)

JILL R LETCHER
NOTARY PUBLIC
SOUTH DAKOTA

Form SOS REC 051 9/201

Troy Schwans, PO Box 220, Salem, SD 57058

Laurie Schwans, PO Box 220, Salem, SD 57058